

IOWA DEPARTMENT OF HUMAN RIGHTS

Selected Assessment and Screening Tools

For Use In the Family Development and Self-Sufficiency Program

Division of Community Action Agencies

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Purpose

Assessment of a family's strengths and needs is often the first task undertaken by a family development specialist and forms the basis by which the other FaDSS components, such as Goal Setting, Referrals and Collaboration, and Support are implemented. A combination of formal and informal approaches can be used to screen for and assess a number of focus areas, including general family functioning, mental health, adult learning needs, substance abuse, parenting and child development, and domestic violence.

This document serves as a resource and guide for FaDSS programs to reference when selecting and implementing formal assessment tools. Where possible, information related to each tool's general purpose, target population, cost, training requirements, and accessibility has been provided. All of the tools selected for inclusion in this resource have some level of evidence behind them. Many are known to be valid and reliable (referred to as evidence-based); some are research-informed (shown to be innovative or promising).

Using the right assessment tool, administered in the correct way and at the right time, will improve the likelihood that designated resources and/or services are suitable for the family's needs at a given point in time (Bloom *et al.*, 2011; Pavetti, Derr & Martin, 2008; Williamson *et al.*, 2011).¹

¹ Hornby Zeller Associates, Inc., "Family Development and Self-Sufficiency Research Compendium for Program Core Components," 2014.

**Table 1
Selected Tools, By Area of Focus**

	Tool	Overview	Target Population	Training	Cost	Developer / Publisher
Adult Education and Employment						
	Employment Hope Scale (EHS-21), Short Employment Hope Scale (EHS-14), and Perceived Employment Barriers Scale (PEBS)	EHS was originally designed to measure the state of a person's psychological empowerment, motivation, skills and resources, and goal-orientation as a factor in workforce development.	Low-income jobseekers.	None.	None.	Philip Young P. Hong and Choi, S. Loyola University Chicago. 2013.
	Learning Needs Screening Tool (Adult)	This two-page assessment tool is designed to help identify past learning difficulties that may affect the ability of a person to obtain employment. The questions address issues such as simple arithmetic and spelling, as well as other family members' learning experiences.	Adult jobseekers; validated for use with TANF populations.	No information available.	No information available.	Payne & Associates, Northwest Center for the Advancement of Learning. Several states have adopted a version of the Washington tool; several adaptations are available online.
Basic Needs						
	Hunger Vital Sign (Food Insecurity Screen)	A two-question food insecurity screening tool based on the Household Food Security Scale. The tool measures families' concerns about access to food.	Young children and families (universal).	None.	None.	Children's HealthWatch; Erin R. Hager, Anna M. Quigg, Maureen M. Black et. al.
	Homelessness Prevention & Diversion Assessment Tool	An assessment tool for use with families at risk of homelessness. The tool may be used to determine if a family will need shelter or if they can be assisted and housed without having to enter the homeless assistance system.	Families (universal).	None.	None.	National Alliance to End Homelessness; Hennepin County, MN; Columbus YWCA (OH).

	Tool	Overview	Target Population	Training	Cost	Developer / Publisher
Child Development and Parenting Skills						
	Ages and Stages Questionnaires (ASQ-3)	A parent/caregiver administered screening tool for development of communication, gross motor, fine motor, problem solving, and personal-social skills. Materials available in English, Spanish, and French.	Children ages 1 to 66 months.	Training is available. A specialized, technical background is not required to administer the screen. Training costs vary (from \$50 to \$3,500) depending on the format (DVD or seminar).	The Starter Kit is available for purchase for \$275. Additional copies may be purchased for \$225.	Developed by Jane Squires and Diane Bricker. Published by Paul H. Brookes Publishing Co., Inc.
	Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)	A parent/caregiver administered screening tool for development of self-regulation, compliance, communication, adaptive functioning, autonomy and affect interaction with people. Materials available in English and Spanish.	Children ages 6 to 60 months.	Training is available. A specialized, technical background is not required to administer the screen.	The Starter Kit is available for purchase for \$275. Additional copies may be purchased for \$225.	Developed by Jane Squires, Diane Bricker, and Elizabeth Twombly. Published by Paul H. Brookes Publishing Co., Inc.
	Casey Life Skills	A 113 item tool to assess skills, knowledge, and awareness in seven areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Relationships and Communication, Career and Education Planning, and Looking Forward).	Young adults ages 14 to 21.	No training specified.	The tool is available for download free of cost.	Nollan, K. A., Horn, M., Downs, A. C., Pecora, P. J., & Bressani, R. V. (2002). Ansell-Casey Life Skills Assessment (ACLSA) and Lifeskills Guidebook Manual. Seattle, WA: Casey Family Programs.
	Family Advocacy and Support Tool (FAST)	A 40 item tool assessing areas including family system/relationships, caregiver's status, youth status, and caregiver advocacy status. The tool may be used by programs to inform service intensity.	Families; universal.	Training and certification are recommended.	The tool may be used by the public at no cost.	Contact: Susan Mitchell, Executive Director, Network Development Division, Tennessee Department of Children's Services, Nashville TN.

	Tool	Overview	Target Population	Training	Cost	Developer / Publisher
Domestic Violence						
	Relationship Assessment Tool	The Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship.	Adults; universal.	Training is required. Contact Tim Fitzpatrick, Iowa Department of Human Rights for further information.	A \$25 fee includes the cost of training and use of the Relationship Assessment Tool.	Dr. Paige Hall. Published by Futures Without Violence.
Family Functioning						
	Ecomap	An assessment, planning and intervention tool used to document the family unit's relationship to external systems.	Families; universal.	None specified. The NRCFCP provides training on this tool as a component of its Family Development Certification Training.	None.	Hartman, A. 1975, University of Michigan School of Social Work.
	Genogram	A tool used to describe and gain insight into relationships and roles within the family, often spanning multiple generations.	Families; universal.	None specified. The NRCFCP provides training on this tool as a component of its Family Development Certification Training.	None.	Monica McGoldrick, Randy Gerson, 1985.
	Measure of Family Well-Being	A four-part series of tools assessing parenting and family well-being, housing, community life, food and nutrition, health and health care, education and jobs, money, transportation, children's education, children's behavior and child care.	Families; universal.	None specified.	Free; in the public domain.	1999, University of Georgia Family and Consumer Sciences, Adapted from Institute for Family Support and Development of MICA, 1996.

	Tool	Overview	Target Population	Training	Cost	Developer / Publisher
	North Carolina Family Assessment of Strengths and Needs	The NCFAS provides ratings of family functioning on a six-point scale ranging from “clear strengths” to “serious problems” in the following five domains: (1) environment, (2) parental capabilities, (3) family interactions, (4) family safety, and (5) child well-being.	Families; developed for use in a child welfare setting.	Training is required; purchased with license to use the assessment tool.	Online cost quote request is available.	Developed by Reed-Ashcraft, Kirk, & Fraser, 2001. Published by National Family Preservation Network.
	Timeline	A tool used to observe the relevant events experienced by the family over a period of time.	Families; universal.	None specified. The National Resource Center for Family Centered Practice provides training on this tool as a component of its Family Development Certification Training.	None.	No information available.
Health, Mental Health, and Substance Abuse						
	AC-OK Screen for Co-Occurring Disorders	A rapid-response screening instrument designed to identify the co-existing disorders of mental health and trauma related mental health issues, and substance abuse.	Adults.	None specified.	Free; in the public domain.	Andrew L. Cherry, University of Oklahoma, 2007.
	Beck Depression Inventory (BDI-II)	The BDI-II consists of 21 items to assess the intensity of depression in clinical and normal patients. Each item is a list of four statements arranged in increasing severity about a particular symptom of depression.	Individuals ages 13 and older.	Training modules are available on the publisher’s website.	A fee of \$128 covers the BDI-II kit (manual and 25 forms).	Aaron T. Beck. Published by Pearson.

	Tool	Overview	Target Population	Training	Cost	Developer / Publisher
	CAGE and CAGE-AID Questionnaires	The CAGE Questionnaire is a short, four question screen for alcohol abuse. The CAGE-AID is an adaptation of the original CAGE Questionnaire and serves as a screen for illicit drug use.	Adults; originally intended for use in a primary health care setting.	None specified.	Free; in the public domain.	Dr. John Ewing, University of North Carolina at Chapel Hill.
	Edinburgh Postnatal Depression Scale (EPDS)	The EPDS is designed to detect postnatal depression in mothers 6-8 weeks after delivery. It is a short (10-item) self-administered tool originally designed to identify the presence of depression in women following childbirth, although it has been used during pregnancy and other periods, including with fathers. The scale measures symptoms of depression including sadness, fear, anxiety, self-blame, and sleeping difficulties.	Pregnant women of any age and women up to one year postpartum.	None specified.	None specified.	Cox, Holden, Sagovsky, 1987.
	Patient Health Questionnaire (PHQ – 9)	The PHQ-9 is a brief (9-item) self-administered tool designed to assess and monitor depression severity. Originally designed for use in a primary care setting, the tool has been used in a variety of settings, including home visitation.	Adults; universal.	None specified.	Free; in the public domain.	Drs. Robert L. Spitzer, Janet B.W. Williams, and Kurt Kroenke.

Adult Education and Employment

Employment Hope Scale (EHS-21, EHS-14 and PEBS)

Overview

The Employment Hope Scale (EHS-21, EHS-14 and PEBS) family of tools was originally designed to measure an aspect of psychological self-sufficiency to complement the dominant paradigm of economic self-sufficiency in workforce development. These client-centered measures capture the state of one's psychological empowerment, futuristic motivation, skills and resources, and goal-orientation as a developmental process.

The Employment Hope Scale (EHS), the lengthiest of these three tools at 21 questions, measures an individual's self-worth, perceived capability, futuristic self-motivation, utilization of skills and resources, and goal orientation using a 10 point scale.

The Short Employment Hope Scale (EHS-14) uses a 10 point scale to identify an individual's agreement with 14 items related to psychological empowerment, futuristic self-motivation, utilization of skills and resources, and goal orientation.

The Perceived Employment Barriers Scale (PEBS) is a 20 item assessment of possible employment barriers, including physical and mental health, labor market exclusion, child care, human capital, and soft skills.

Target Population

Individuals: female; male; limited skills/education; minorities – racial/ethnic; older workers; underemployed; unemployed; youth – out-of-school/drop-out.

Training

Training is recommended, however none is specified.

Cost

Free; in the public domain.

Available at:

http://ecommons.luc.edu/socialwork_facpubs/36/.

Further information is available at:

http://ecommons.luc.edu/cgi/viewcontent.cgi?article=1027&context=socialwork_facpubs&sei-redir=1&referer=http%3A%2F%2Fwww.bing.com%2Fsearch%3Fq%3DEmployment%2BHope%2BScale%26src%3Die9tr#search=%22Employment%20Hope%20Scale%22.

Learning Needs Screening Tool

Overview

This two-page assessment tool is designed to help identify past learning difficulties that may affect the ability of a person to obtain employment. The questions address issues such as simple arithmetic and spelling, as well as other family members' learning experiences. The purpose of this tool is not to diagnose learning disabilities, but to identify resources and services that might help a person secure stable and meaningful employment.

Target Population

Adult jobseekers; TANF population.

Training

No information available.

Cost

No information available.

Available at:

New Hampshire adaptation available at http://nhadulthood.org/pdf/LN_screening_tool.pdf.

Additional information available at <http://ncfy.acf.hhs.gov/library/2014/learning-needs-screening-tool>.

Basic Needs and Services

Hunger Vital Sign

Overview

Drs. Erin Hager and Anna Quigg and the Children’s HealthWatch team validated the Hunger Vital Sign™, a 2-question screening tool, suitable for clinical or community outreach use, that identifies families with young children as being at risk for food insecurity if they answer that either or both of the following two statements is ‘often true’ or ‘sometimes true’ (vs. ‘never true’):

- “ Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- “ Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

Healthcare providers, social service providers, community-based outreach workers, teachers, and anyone who works with young children can use the Hunger Vital Sign™ to identify young children and families who may need assistance.

Target Population

Young children and families (universal).

Training

None specified.

Cost

None.

Available at:

<http://www.childrenshealthwatch.org/wp-content/uploads/FINAL-Hunger-Vital-Sign-4-pager1.pdf>.

Homelessness Prevention & Diversion Assessment Tool

Overview

This assessment tool, based on Minneapolis/Hennepin County, Minnesota's and Columbus, Ohio's assessment forms, will be of use to communities attempting to determine if a household needs prevention or diversion assistance. This should be administered as soon as a household comes into an assessment center to determine if they will need shelter or if they can be assisted and housed without having to enter the homeless assistance system. The prevention segment of this tool should be tweaked based on the community's data on its sheltered population. Prevention assistance should be targeted to those households that most closely resemble the households already in shelter.

Target Population

Families at risk of homelessness.

Training

None.

Cost

None.

Available at:

<http://www.endhomelessness.org/library/entry/sample-prevention-and-diversion-assessment-tool>.

Child Development and Parenting Skills

Ages and Stages Questionnaires (ASQ-3)

Overview

The Ages and Stages Questionnaires-3rd Edition (ASQ-3) is a developmental screening system made up of 21 age-specific questionnaires completed by parents or primary caregivers of young children. Each questionnaire can be completed in 10-15 minutes. Completing a questionnaire independently requires reading skills at a 4th to 6th grade level. If parents or caregivers are unable to complete questionnaires independently (due to cognitive disability, limited reading skills, etc.), teachers and program staff can provide support.

The questionnaires can identify children who are in need of further assessment to determine whether they are eligible for early intervention or early childhood special education services. The ASQ-3 Information Summary sheet provides a list of potential actions that may follow the screening, based on the child's scores and the parent's responses to the overall questions. For example, if the child's scores indicate typical development, children can be rescreened at 4- to 6-month intervals, and parents can be given suggestions for activities to do with their children to support their continued development. If a child's scores indicate the need for further assessment, a referral to a community agency or specialist may be made.

Target Population

Children ages 1 to 66 months.

Training

Training DVDs are available that show staff how to screen, score, and interpret the results of the ASQ-3. Programs may also arrange for onsite seminars or attend the training seminars held every year by the developers of ASQ-3. Costs associated with the seminars range from \$2,500 to \$3,500 while the training DVDs can be purchased separately for \$50.00. Detailed information is available on the company's website (<http://www.agesandstages.com/training/>). Contact the Division of Community Action Agencies - FaDSS Program for a list of local trainers.

Cost

The ASQ-3 Starter Kit, which includes 21 paper masters of the questionnaires (in English or in Spanish), scoring sheets, a CD-ROM with printable PDF questionnaires, the ASQ-3 User's Guide, and a laminated ASQ-3 Quick Start Guide, cost \$275.00. The starter kit contains all 21 questionnaires. Additional copies of the 21 questionnaires (in English or in Spanish) can be purchased separately for \$225.00.

Available at:

<http://agesandstages.com/products-services/asq3/>.

Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)

Overview

The Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2) is a developmental screener designed to complement the Ages and Stages Questionnaires by providing information specifically addressing the social and emotional behavior of children. The ASQ:SE-2 identifies infants and young children whose social or emotional development requires further evaluation to determine if a referral for intervention services is necessary.

The original ASQ:SE was developed as a parent-completed screening tool, and it is best that parents or caregivers complete the screeners. However, child care providers, teachers, and early interventionists can also complete the ASQ:SE-2. Parents, caregivers, and teachers do not need to have technical training to complete the ASQ:SE.

Target Population

Children 6 months to 60 months of age.

Training

Training is available through the publisher on how to administer and score ASQ:SE-2. There are many different types of training available including onsite seminars and training by DVD. Costs associated with the training seminars range from \$2,500 to \$3,500 while the training DVDs can be purchased separately for \$50.00. Detailed information is available on the company's website. <http://www.agesandstages.com/training/>. Contact the Division of Community Action Agencies - FaDSS Program for a list of local trainers.

Cost

A complete ASQ:SE -2 Starter Kit costs \$275.00. This kit contains everything needed to start screening children with the ASQ:SE-2: eight photocopiable print masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, and the ASQ:SE-2 User's Guide. The Starter Kit is also available with Spanish questionnaires. Additional master copies of the eight questionnaires (in English and Spanish) can be purchased separately for \$175.00.

Available at:

<http://agesandstages.com/products-services/asqse-2/>.

Casey Life Skills

Overview

This measure consists of 113 items that assess skills, knowledge, and awareness in seven areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Relationships and Communication, Career and Education Planning, and Looking Forward). The CLS-Youth was created specifically for adolescents and young adults living in foster care, but can be useful for other populations (including those involved in juvenile justice facilities, employment centers, homeless shelters, and other social service providers). Additionally, the measure was created with the goal of making it as free from gender, ethnic, and cultural biases as possible. This measure is intended to be used with adolescents and young adults ages 14 to 21. Practitioners should allow 30-40 minutes for a respondent to complete the entire measure. However, having respondents complete one area at a time is also appropriate. Both web-based and paper and pencil versions of this measure are available.

The CLS-Youth can be used in its entirety as a measure of progress over long time intervals. Additionally, individual areas on the measure may be used alone as a post-assessment after a period of working on improving specific skills or as a repeated measure to assess progress in that area over time. The amount of time that should be allowed between assessments to gauge progress can vary depending on the adolescent's or young adult's needs, the service provider's program requirements; monthly, quarterly, or annual assessments may be appropriate for each individual set of circumstances.

Target Population

Young adults ages 14 to 21.

Training

None.

Cost

None.

Available at:

http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=493&cf_id=24.

Additional information available at: <http://www.performwell.org/index.php/find-surveyassessments/casey-life-skills-assessment-youth-form> and <http://lifeskills.casey.org>.

Family Advocacy and Support Tool (FAST)

Overview

The Family Advocacy and Support Tool (FAST) is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. A large number of individuals have collaborated in the development of the CANS and FAST instruments. Along with the CANS versions for individual youth and caregivers, the FAST information integration and communication tool is designed to support family case planning. Additionally, the aggregate data can be used to evaluate, inform, and plan for each level of a family and child-serving system.

The FAST was originally developed to support case management activities in the child welfare system. The FAST version illustrated here was developed by MJ Henry & Associates, Inc., to support families in-home by preventing child welfare involvement and maintaining relational and legal permanency. The CANS and FAST are open domain tools for use in service delivery systems that address the child welfare and mental health of children, adolescents, and their families.

Target Population

Families; universal.

Training

Training and certification are recommended. For more information, contact John S. Lyons, Ph.D., Mental Health Services & Policy Program, Northwestern University, Chicago, IL. JSL329@northwestern.edu.

Cost

None.

Available at:

<http://praedfoundation.org/fast-general-forms-manuals/> (several versions are available for download; use of the "FAST - Casey Family Programs" tool and reference guide is recommended).

Domestic Violence

Relationship Assessment Tool

Overview

The Relationship Assessment Tool is a screening tool for intimate partner violence (IPV). This tool, developed by Dr. Paige Hall and colleagues in the 1990's, was originally named the WEB (Women's Experiences with Battering). Terminology has since evolved in the field and the unique characteristic of this assessment tool which measures women's experiences in abusive relationships is more accurately reflected by using the name Relationship Assessment Tool.

The Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that the tool is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault.

The tool is effective in identifying IPV among African-American and Caucasian women. The tool has not been validated for use with same sex partners; however, it can be adapted for use with same sex couples by changing "he" to "my partner" in the screening tool.

The tool can be self-administered or used during face-to-face assessment by a provider. A series of 10 statements ask a woman how safe she feels, physically and emotionally, in her relationship. The respondent is asked to rate how much she agrees or disagrees with each of the statements using a 6 point scale. A score of 20 points or higher is considered positive for IPV.

Target Population

Adults; universal.

Training

Training is required. Contact Tim Fitzpatrick, Iowa Department of Human Rights for further information.

Cost

A fee of \$25 includes the cost of training and use of the Relationship Assessment Tool.

Available at:

A sample of the tool may be accessed at <http://www.healthcaresaboutipv.org/wp-content/blogs.dir/3/files/2015/05/2015-HMHB-Curriculum-Appendices-FINAL.pdf>.

Family Functioning

Ecomap

Overview

Based in Family Systems Theory, the Ecomap is an assessment, planning and intervention tool used to document the family unit's relationship to outside systems. According to the tool's developer, the Ecomap portrays an overview of the family in their ecological situation; pictures the important nurturant or conflict-laden connections between the family and the world; demonstrates the flow of resources, or lacks and deprivations; and highlights the nature of the interfaces and points of conflicts to be mediated, bridges to be built, and resources to be sought and mobilized.

Target Population

Families; universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Ecomaps are provided in Family Development Certification training materials. For further information, visit <http://clas.uiowa.edu/nrcfcp/>.

Genogram

Overview

Based in Family Systems Theory, the Genogram provides a picture of the family system through time. It enables an individual to step out of the system, examine it, and gain insight into complex family dynamics that have developed over time and how they affect the current situation. The Genogram can provide an intergenerational history that can assist in identifying extended family support systems. The Genogram is developed with the full participation of the family.

Target Population

Families, Universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Genograms are provided in Family Development Certification training materials. For further information, visit <http://clas.uiowa.edu/nrcfcp/>.

Measure of Family Well-being

Overview

This four-part set of tools is appropriate for measuring the effectiveness of family support programs. The survey assesses twelve areas of family functioning by reviewing several “sub-areas” in each area. The survey is scored on a 7 point scale using a retrospective pre-test format.

Areas covered by the scale include: parenting and family well-being, housing, community life, food and nutrition, health and health care, education and jobs, money, transportation, children’s education, children’s behavior and child care.

There is both a self-report and a staff report on each indicator of a family’s well-being. The instruments may be somewhat time-consuming for staff, but are relatively simple to use. A fairly in-depth knowledge of the family system by the staff person making the ratings is required.

Target Population

Families; universal.

Training

None specified.

Cost

Free; in the public domain.

Available at:

<http://friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools>.

North Carolina Family Assessment of Strengths and Needs

Overview

North Carolina Family Assessment Scale - General (NCFAS-G). The NCFAS (Reed-Ashcraft, Kirk, & Fraser, 2001) was developed in the mid-1990s to allow caseworkers working in intensive family preservation services (IFPS) to assess family functioning at the time of intake and again at case closure. The 39-item instrument identifies the strengths and highest priority needs of caretakers and children and forms the basis of goals, objectives, and interventions. The tool was designed to assist caseworkers in case planning, monitoring of progress, and measuring outcomes. The NCFAS provides ratings of family functioning on a six-point scale ranging from “clear strengths” to “serious problems” in the following five domains: (1) environment, (2) parental capabilities, (3) family interactions, (4) family safety, and (5) child well-being. Internal consistency and construct validity have been established for early versions as well as the most recent version of the NCFAS (Version 2.0; Reed-Ashcraft et al., 2001, Kirk et al., in press) and the instrument is able to detect changes in functioning over time.

Target Population

Families, universal.

Training

Training is required; purchased with license to administer the tool.

Cost

An online quote request is available from the National Family Preservation Network.

Available at:

<http://www.nfpn.org/assessment-tools>.

Additional information available at:

http://cssr.berkeley.edu/bassc/public/BASSC_FamilyAssessment_FULL_REPORT091406.pdf.

<https://childwelfare.gov/topics/systemwide/assessment/family-assess/parentalneeds/function/?hasBeenRedirected=1>.

Timeline

Overview

Based in Family Systems Theory, the Timeline is an assessment tool used to observe the relevant events experienced by the family over a period of time.

Target Population

Families; universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Timelines are provided in Family Development Certification training materials. For further information, visit <http://clas.uiowa.edu/nrcfcp/>.

Health, Mental Health, and Substance Abuse

AC-OK Screen for Co-Occurring Disorders

Overview

The AC-OK Screen for Co-Occurring Disorders is a rapid-response screen instrument designed to identify the co-existing disorders of mental health and trauma related mental issues, and substance abuse. The tool is intended to help determine if the person requesting help needs to be clinically assessed for co-existing disorders of mental health, trauma-related mental health, and substance abuse.

The screen includes 15 yes/no questions aimed at experiences over the past year. Instructions for scoring answers across three domains are provided.

Target Population

Adults; designed for use with adults seeking treatment.

Training

None specified.

Cost

Free; public domain.

Available at:

A review of the validation study, instructions for use, and the tool may be accessed at <http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/AC-OK%20COD%20Screen%20Packet%205-23-7.pdf>.

Beck Depression Screen (BDI-II)

Overview

The BDI-II consists of 21 items to assess the intensity of depression in clinical and normal patients. Each item is a list of four statements arranged in increasing severity about a particular symptom of depression. These new items bring the BDI-II into alignment with DSM-IV criteria.

Items on the new scale replace items that dealt with symptoms of weight loss, changes in body image, and somatic preoccupation. Another item on the BDI that tapped work difficulty was revised to examine loss of energy. Also, sleep loss and appetite loss items were revised to assess both increases and decreases in sleep and appetite.

Target Population

Individuals ages 13 and older.

Training

Training modules are available online and may be accessed at

<http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html#tab-training>.

Cost

Pricing information is available online. A fee of \$128 includes the BDI-II Manual and 25 forms.

Available at:

<http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html#tab-details>.

The CAGE and CAGE-AID Questionnaires

Overview

The CAGE Questionnaire is a simple, four question screen for alcohol abuse. The CAGE Questionnaire has also been adapted for screening of illicit drug use (the CAGE-AID). A score of two or more positive answers is considered clinically significant.

Target Population

Adults; originally intended for use in a primary care setting.

Training

None specified.

Cost

Free; in the public domain.

Available at:

The CAGE Questionnaire and scoring instructions may be accessed at http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf. The CAGE and CAGE-AID questionnaires and an accompanying script may also be accessed at http://www.mqic.org/pdf/CAGE_CAGE_AID_QUESTIONNAIRES.pdf.

Edinburgh Postnatal Depression Scale (EPDS)

Overview

The Edinburgh Postnatal Depression Scale (EPDS) is a short (10-item) self-administered tool originally designed to identify the presence of depression in women following childbirth, although it has been used during pregnancy and other periods, including with fathers. The scale measures symptoms of depression including sadness, fear, anxiety, self-blame, and sleeping difficulties. The tool is administered via parent self-report 6–8 weeks after delivery.

Target Population

Pregnant women of any age and women up to one year postpartum.

Training

None specified.

Cost

None.

Available at:

<http://www.psychiatrictimes.com/all/editorial/psychiatrictimes/pdfs/EdinbPostDepScale.pdf>.

Further information available at:

http://www.unicef.org/ceecis/Toolkit_of_Recommended_Curricula_and_Assessments_for_Home_Visiting.pdf.

Patient Health Questionnaire (PHQ-9)

Overview

The PHQ-9 is a brief (9-item) self-administered tool adapted from the PHQ family of measures. Designed to assess and monitor depression severity, the tool was originally validated for use in a primary care setting. Since the original validation studies, the PHQ-9 has been used in a variety of settings, including home visitation.

The tool consists of 9 items designed to assess the frequency and severity of depression symptoms over the past two weeks. Implementation and scoring instructions, including proposed action steps, are available.

Target Population

Adults; universal.

Training

None specified.

Cost

Free; in the public domain.

Available at:

<http://phqscreeners.com/>.

The instruction and scoring manual may be accessed at <http://phqscreeners.com/instructions/instructions.pdf>.

Appendix A – Assessment and Screening Protocol

The assessment and screening protocol included in this appendix is based on those developed and adopted by the Iowa Family Support Leadership Group. Adaptations have been made in order to accommodate the specific standards of practice used by the Family Development and Self-Sufficiency Program (FaDSS).

1.0 Purpose

This document contains guidelines for the assessment and screening of families participating in the FaDSS program. This protocol will assist in assuring professionals across all FaDSS programs consistently follow quality practices that lead to the identification of families in need of additional supports and services. Universal screening/assessment practices are used to normalize the process and result in early identification of the barriers being assessed or screened.

2.0 Policy

The policy of the Family Development and Self-Sufficiency Program is to:

- Ensure that all families participating in the FaDSS program will be assessed or screened for general family functioning, domestic violence, and child development for program participants aged 0-3.
- Ensure that families participating in the FaDSS program will be screened for mental health and substance abuse when indicated or appropriate.

Further, it is the policy of the Family Development and Self-Sufficiency Program that:

- Assessment and screening will be completed in a consistent manner across all programs using valid, reliable tools.
- Staff will be trained to provide high-quality screening and assessment when required and appropriate.
- Assessment and screening are not viewed as a singular event, but rather may be repeated at intervals as indicated by the tool's developers or based on observations of the staff.
- Staff must be familiar with referral resources available in their community for follow-up services and supports.

3.0 Definitions

- **Screening** – An initial gathering of information used to determine if an individual is likely to present with an issue or barrier. A positive screen indicates that referral to a third party service or support may be appropriate for further assessment or assistance.
- **Assessment** – An in-depth gathering of information used to determine or confirm the existence and severity of an identified issue or barrier. The assessment may be used to develop a plan to address the known issue or barrier.
- **Referral** – Formal notification on behalf of a family to a third party service or support.

4.0 Scope

- All families participating in the FaDSS program will be assessed for general family functioning, including strengths and barriers to self-sufficiency.
 - Staff will assist families with exploration of additional supports and resources to capitalize on family strengths and address family barriers.
- All families participating in the FaDSS program will be screened for domestic violence.
- All FaDSS grantees will perform or obtain child development screening for program participants aged 0-3.
 - Grantees may perform universal screening of child development for program participants aged 0-3 that are not co-enrolled in a program that performs or obtains child development screening (such as Head Start, Early Head Start, Early ACCESS, a child-focused home visitation program, or other program that performs or obtains child development screening).
 - Grantees may collaborate or coordinate with third parties to obtain child development screening for program participants aged 0-3.
 - Each grantee shall set forth a plan to perform or obtain child development screening for program participants aged 0-3 in the most recent, approved grant application.
- All FaDSS grantees will tailor approaches to screening of mental health and substance abuse issues according to the needs of participating families.
 - Each grantee's approach to screening of mental health and substance abuse shall be set forth in the most recent, approved grant application.
- Results of screening are limited to:
 - The individual is likely to benefit from a referral to third party services and supports for further assessment or assistance,
 - A referral is not warranted at this time, or
 - The screening will be repeated at a later time.

5.0 Procedures

Assessment and Screening Techniques

Family members participating in the FaDSS program shall be assessed and screened for the areas identified in Section 4.0 Scope. Family members may choose to refuse the assessment or screen. Staff shall document the refusal, the reason for the refusal, and the date the family refused to complete the assessment or screening tool. In instances where an assessment or screening is obtained (rather than performed), staff shall document successful and unsuccessful efforts to obtain an assessment or screening.

Administration Timeframes – Assessment and Screening

	Initial	Follow-up
General Family Functioning	Perform within 60 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.
Domestic Violence	Perform within 90 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.

Child Development (Children 0-3)	Perform or obtain within 120 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.
Mental Health	Perform within 90 days of enrollment or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.
Substance Abuse	Perform within 120 days of enrollment or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.
Other	Perform as indicated by the tool's developers or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.

Initial assessment and screening should occur after the staff has an established relationship with the family. The assessment or screening may be repeated dependent upon the score of the instrument and observations by the staff. At a minimum, adults should be screened annually.

Cultural Competency

Staff must consider the family's culture and language. It may be necessary to perform the assessment or screening in the primary language of the individual, which may not be English. Staff should avoid the assumption that a speaker of any given language can also read that language. The family may not be functionally literate in any language. Staff should be attentive to the vocabulary that the individual feels most comfortable using. To the extent possible, concepts should be communicated in the most appropriate language for the family.

Staff shall ensure that individuals are screened in a private setting and that information shared remains confidential. Staff shall not function outside of their professional role.

Procedure for Scoring and Interpreting

Staff shall follow the scoring and referral protocols, including cut-off scores for referral, for the adopted screening tool (these protocols are often identified in the tool's accompanying training materials). Families and individuals with no-risk or low-risk scores for the adopted screening tool will be provided with general, educational information pertaining to the barrier being screened for or assessed.

If an individual acknowledges the presence of the barrier or issue being screened for or assessed, this represents the end of the screening/assessment and a signal to initiate further referral to a third party service or support.

Role of Supervision

The Supervisor must include the review of completed screens and assessments as part of their reviews of family records. The review should ensure that the screening results align with other documentation contained in the family file. The review must also ensure that if further evaluation is needed that a referral was made and the family is engaged in services. Failure to engage in services will not result in program discharge.

Training

When required for administration of a selected screening tool, staff shall complete training prior to implementation. When training is optional, staff are encouraged to complete training prior to implementation.

Training should not only emphasize the technical aspects of the screening or assessment tool, but also the more complex dynamics of the barrier or issue to be screened/assessed.

Many screening tools come with training materials, and some offer alternative questions to pose for unique audiences, such as diverse cultural groups. In general, screening procedures must incorporate provisions to sensitively address individual differences that might affect the reliability of responses.

Appendix B – Protocol for Submission and Review of Tools

1.0 Purpose

This document provides guidelines for the submission of assessment and screening tools for use in Family Development and Self-Sufficiency Program (FaDSS). This protocol will assist the FaDSS program in achieving three overarching goals:

1. Allow flexibility for local FaDSS programs to tailor approaches to screening and assessment based on community and family needs by identifying and proposing additional tools for use with families.
2. Encourage resource-sharing among local FaDSS programs related to research and best practices for implementing screening and assessment tools.
3. Ensure that the FaDSS model, as a whole, utilizes the best available tools and practices when implementing the screening and assessment component.

2.0 Procedures

Fiscal Year 2017

Grantees may propose additional screening and assessment tools for consideration and approval by the FaDSS Grant Application Committee as a component of the 2017-2019 grant cycle.

Step 1: Complete the template provided below and submit with your Fiscal Year 2017-2019 Grant Application.

Step 2: A review of proposed tools will be conducted in conjunction with the grant review process.

Step 3: Notification will coincide with the notice of grant awards.

Fiscal Year	Submission Requirements	Date Due	Reviewed By	Notification of Acceptance
2017 grant application and approval process.	Complete the template provided and submit with FY 17-19 FaDSS Grant Application.	*Grant Application due date.	Grant Application Review Committee (FaDSS Council).	Provided with notice of grant award.

Subsequent Fiscal Years

Grantees may propose additional screening and assessment tools for consideration and approval at any time during or after fiscal year 2017.

Step 1: Complete the template provided below in addition to a FaDSS Work Plan Amendment. Submit both to your assigned state program manager.

Step 2: A review of proposed tools will be conducted by state program staff.

Step 3: Notification procedures will align with those for approval of work plan amendments.

Fiscal Year	Submission Requirements	Date Due	Reviewed By	Notification of Acceptance
During and after fiscal year 2017.	Submit a completed FaDSS Work Plan Amendment and the template provided.	30 days prior to anticipated implementation.	FaDSS State Program Staff.	Provided within 30 days of receipt of completed work plan amendment and template.

Additional Review of Screening and Assessment Tools

The FaDSS Council’s Outcomes Committee - Assessment Subgroup will undertake a thorough review of all selected screening and assessment tools included in this document every three years, in alignment with the FaDSS grant application cycle.

3.0 Template

[GRANTEE NAME, DATE SUBMITTED]

[Name of Tool]

Overview

[Provide an overview the screening or assessment tool you propose to use. Include your rationale for selecting this tool for use in your service area, including any gaps in screening/assessment that this tool may fill.]

Evidence

[Provide a discussion of the evidence supporting use of this tool with the FaDSS population. Include links to research showing the tool to be valid and reliable, when available. Also include rating information from national registries, when available].

Target Population

[Identify the population targeted by the screening or assessment tool, including age range, gender, and service setting, if known.]

Training

[Identify training requirements or recommendations, including cost, if known.]

Cost

[Identify licensing or purchasing costs, if known.]

Available at:

[Provide links, when available, to access the proposed tool, accompanying instructions/training, or relevant research.]